

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

KOLLER FOR CONGRESS LLC

ADDRESS (number and street)

PO BOX 3683



Check if different than previously reported. (ACC)

OCALA

FL

34478

2. FEC IDENTIFICATION NUMBER ▼

C

C00552448

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

08

07

2014

through

M M / D D / Y Y Y Y

09

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Victoria Ellen Boyne

Signature of Treasurer

Victoria Ellen Boyne

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10

08

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

KOLLER FOR CONGRESS LLC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18767.03	44208.57
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	18767.03	44208.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13292.12	45696.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13292.12	45696.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10881.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	31658.17	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 25

Write or Type Committee Name

KOLLER FOR CONGRESS LLC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2140.12

3614.45

(ii) Unitemized.....

5320.41

11005.60

(iii) TOTAL of contributions from individuals ▶

7460.53

14620.05

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

11306.50

29588.52

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

18767.03

44208.57

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

12280.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

12280.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

1245.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

18767.03

57733.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13292.12	45696.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	1155.23
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13292.12	46852.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5406.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18767.03
25. SUBTOTAL (add Line 23 and Line 24).....	24173.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13292.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10881.52

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 5 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Kamesh Aiyyer

Mailing Address 11 Magazine Street

City

Cambridge

State

MA

Zip Code

02139

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Unknown

Occupation

Sales Consultant

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

240.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period

240.12

250 Act Blue Donation

Full Name (Last, First, Middle Initial)

B. Victoria Ellen Boyne

Mailing Address 3821 se 22 place

City

ocala

State

FL

Zip Code

34471

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

DST

Occupation

Social Services

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Cocchini

Mailing Address 2102 Alfredo Ave

City

The Villages

State

FL

Zip Code

32159

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2012

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1940.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

Norman Davis

Mailing Address 444 Corbett Drive

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2014

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Ed & Lyn Margolis

Mailing Address 2114 Alfredo Ave

City

The Villages

State

FL

Zip Code

32159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

2140.12

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 25

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

DAVID C KOLLER**A.**

Mailing Address 3821 SE 22 PLACE

City

OCALA

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.**C**

H4FL11071

Name of Employer

DST

Occupation

Social Services

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

32856.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

Transaction ID : SA11D.4889

Amount of Each Receipt this Period

554.92

Full Name (Last, First, Middle Initial)

DAVID C KOLLER**B.**

Mailing Address 3821 SE 22 PLACE

City

OCALA

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.**C**

H4FL11071

Name of Employer

DST

Occupation

Social Services

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

33856.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SA11D.4890

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

DAVID C KOLLER**C.**

Mailing Address 3821 SE 22 PLACE

City

OCALA

State

FL

Zip Code

34471

FEC ID number of contributing
federal political committee.**C**

H4FL11071

Name of Employer

DST

Occupation

Social Services

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

33956.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

Transaction ID : SA11D.4891

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

1654.92

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4892	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period 1565.51
FEC ID number of contributing federal political committee. C H4FL11071			
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 35521.81		
B. Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4893	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period 631.00
FEC ID number of contributing federal political committee. C H4FL11071			
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 36152.81		
C. Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4894	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C H4FL11071			
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 37652.81		
SUBTOTAL of Receipts This Page (optional).....		3696.51	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 9 OF 25

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial) DAVID C KOLLER			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	08		28		2014
M M M	/	D D D	/	Y Y Y Y Y Y										
08		28		2014										
Mailing Address 3821 SE 22 PLACE			Transaction ID : SA11D.4895											
City OCALA	State FL	Zip Code 34471												
FEC ID number of contributing federal political committee. C H4FL11071			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2494.41</td> </tr> </table>		2494.41									
2494.41														
Name of Employer DST		Occupation Social Services												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">40147.22</td> </tr> </table>			40147.22									
40147.22														
B. Full Name (Last, First, Middle Initial) DAVID C KOLLER			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		08		2014
M M M	/	D D D	/	Y Y Y Y Y Y										
09		08		2014										
Mailing Address 3821 SE 22 PLACE			Transaction ID : SA11D.4896											
City OCALA	State FL	Zip Code 34471												
FEC ID number of contributing federal political committee. C H4FL11071			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">3000.00</td> </tr> </table>		3000.00									
3000.00														
Name of Employer DST		Occupation Social Services												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">43147.22</td> </tr> </table>			43147.22									
43147.22														
C. Full Name (Last, First, Middle Initial) DAVID C KOLLER			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	09		19		2014
M M M	/	D D D	/	Y Y Y Y Y Y										
09		19		2014										
Mailing Address 3821 SE 22 PLACE			Transaction ID : SA11D.4897											
City OCALA	State FL	Zip Code 34471												
FEC ID number of contributing federal political committee. C H4FL11071			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">200.00</td> </tr> </table>		200.00									
200.00														
Name of Employer DST		Occupation Social Services												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">43347.22</td> </tr> </table>			43347.22									
43347.22														
SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">5694.41</td> </tr> </table>		5694.41									
5694.41														
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4898	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period 260.66
FEC ID number of contributing federal political committee. C H4FL11071		Amount of Each Receipt this Period 43607.88	
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 43607.88		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		260.66	
TOTAL This Period (last page this line number only).....		11306.50	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Christensen And Associates

Mailing Address 2009 209 Pennsylvania Ave. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Final Fundraising Consultant payment

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4967

[MEMO ITEM]**B. Enterprise Rental**

Mailing Address 448 SW 10TH ST

City	State	Zip Code
ocala	FL	34471

Purpose of Disbursement
Vehicle Rental to pick up signs

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

309.81

Transaction ID : SB17.4962

c. Hernando County DEC

Mailing Address 3432 Deltona Blvd

City	State	Zip Code
Spring Hill	FL	34608

Purpose of Disbursement
Wage War in the Park

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4929

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

709.81

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Hernando County DEC

Mailing Address 3432 Deltona Blvd

City State Zip Code
 Spring Hill FL 34608

Purpose of Disbursement
 Phones

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 09 / 24 / 2014

Amount of Each Disbursement this Period

101.00

Transaction ID : SB17.4959

B. Hess Gas Station

Mailing Address 4707 Commercial Way

City State Zip Code
 Spring Hill FL 34606

Purpose of Disbursement
 fuel

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 09 / 17 / 2014

Amount of Each Disbursement this Period

33.05

Transaction ID : SB17.4951

c. Homy Tel Inc

Mailing Address 482 West San Ysidro Blvd #732

City State Zip Code
 San Diego CA 92173

Purpose of Disbursement
 Robocalls

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 08 / 07 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4900

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

634.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Walt Huston

Mailing Address 9269 Marler Road

City	State	Zip Code
Spring Hill	FL	34608

Purpose of Disbursement
Office Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

217.97

Transaction ID : SB17.4953

B. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement
Office Consulatat

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4903

c. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement
Printer Ink Remimbursmant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

Amount of Each Disbursement this Period

84.17

Transaction ID : SB17.4905

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

502.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2014

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement
Office Consulting

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

221.65

Transaction ID : SB17.4933

Full Name (Last, First, Middle Initial)

B. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement
Office Consulting

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4944

Full Name (Last, First, Middle Initial)

C. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

85.00

Transaction ID : SB17.4949

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

606.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement
Office Consultant

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4955

B. William Lloyd

Mailing Address 4037 NW Blitchton Road Apt 89B

City	State	Zip Code
Ocala	FL	34475

Purpose of Disbursement
Office Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4960

c. Marion County DEC

Mailing Address 601 SW 1st Avenue

City	State	Zip Code
Ocala	FL	34471

Purpose of Disbursement
Ad & Committee Dinner Proud to Be a Democrat

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 18 / 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4908

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Nation Builder

Mailing Address 448 S Hill St, #200

City	State	Zip Code
Los Angeles	CA	90013

Purpose of Disbursement
List Serve

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 25 / 2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.4924

B. Nation Builder

Full Name (Last, First, Middle Initial)

Mailing Address 448 S Hill St, #200

City	State	Zip Code
Los Angeles	CA	90013

Purpose of Disbursement
List Serve list

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.4961

c. OAI Inc

Full Name (Last, First, Middle Initial)

Mailing Address 4545 West Hillsborough Ave

City	State	Zip Code
Tampa	FL	33614

Purpose of Disbursement
Political Signage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2014

Amount of Each Disbursement this Period

1278.65

Transaction ID : SB17.4917

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1416.65

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. OAI Inc

Mailing Address 4545 West Hillsborough Ave

City Tampa State FL Zip Code 33614

Purpose of Disbursement
Political Signage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 29 / 2014

Amount of Each Disbursement this Period

628.80

Transaction ID : SB17.4932

Category/
Type

Full Name (Last, First, Middle Initial)

B. OAI Inc

Mailing Address 4545 West Hillsborough Ave

City Tampa State FL Zip Code 33614

Purpose of Disbursement
Political Napkins

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2014

Amount of Each Disbursement this Period

171.99

Transaction ID : SB17.4945

Category/
Type

Full Name (Last, First, Middle Initial)

c. OAI Inc

Mailing Address 4545 West Hillsborough Ave

City Tampa State FL Zip Code 33614

Purpose of Disbursement
Political Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 18 / 2014

Amount of Each Disbursement this Period

2174.78

Transaction ID : SB17.4952

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2975.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Terry Ogden

Mailing Address 3363 Cedar Crest Loop

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

City	State	Zip Code
Spring Hill	FL	34609

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
Website hosting**Transaction ID : SB17.4947**

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Quick King

Mailing Address 13051 N US HIGHWAY 27

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

City	State	Zip Code
Ocala	FM	34480

Amount of Each Disbursement this Period

70.56

Purpose of Disbursement
Fuel**Transaction ID : SB17.4904**

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Quick King

Mailing Address 13051 N US HIGHWAY 27

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2014

City	State	Zip Code
Ocala	FM	34480

Amount of Each Disbursement this Period

37.07

Purpose of Disbursement
Fuel**Transaction ID : SB17.4919**

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

557.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial)

A. Quick King

Mailing Address 13051 N US HIGHWAY 27

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2014

City	State	Zip Code
Ocala	FM	34480

Amount of Each Disbursement this Period

2149.48

Transaction ID : SB17.4948

Purpose of Disbursement
fuel

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Shell Service Station

Mailing Address 11091 Spring Hill Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

City	State	Zip Code
Spring Hill	FL	34609

Amount of Each Disbursement this Period

62.18

Transaction ID : SB17.4950

Purpose of Disbursement
fuel

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. The Blue Deal

Mailing Address P.O. Box 50

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2014

City	State	Zip Code
Annandale	VA	22003

Amount of Each Disbursement this Period

2051.37

Transaction ID : SB17.4920

Purpose of Disbursement
Political Promo

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2149.56

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4289

KOLLER FOR CONGRESS LLC**LOAN SOURCE** Full Name (Last, First, Middle Initial)**DAVID C KOLLER**

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

3821 SE 22 PLACE

City

State

ZIP Code

OCALA

FL

34471

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 25 / 2013

Date Due

M M / D D / Y Y Y Y
/ / 0

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4314

KOLLER FOR CONGRESS LLC**LOAN SOURCE** Full Name (Last, First, Middle Initial)**DAVID C KOLLER****[PERSONAL FUNDS]**

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

3821 SE 22 PLACE

City

State

ZIP Code

OCALA

FL

34471

Original Amount of Loan

700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700.00

TERMS

Date Incurred

M M / D D / Y Y
02 / 27 / 2014

Date Due

M M / D D / Y Y
/ / 0

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

700.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4377

KOLLER FOR CONGRESS LLC**LOAN SOURCE** Full Name (Last, First, Middle Initial)**DAVID C KOLLER****[PERSONAL FUNDS]**

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

3821 SE 22 PLACE

City

State

ZIP Code

OCALA

FL

34471

Original Amount of Loan

280.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

280.00

TERMS

Date Incurred

M M / D D / Y Y
02 / 27 / 2014

Date Due

M M / D D / Y Y
/ / 0

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

280.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4665

KOLLER FOR CONGRESS LLC**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

DAVID C KOLLER☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

3821 SE 22 PLACE

City

State

ZIP Code

OCALA

FL

34471

Original Amount of Loan

10300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10300.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 01 / 2014

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10300.00

TOTALS This Period (last page in this line only)..... ►

12280.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 25

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DAVID C KOLLER

Nature of Debt (Purpose):

Political Consultant & Photographer

Mailing Address 3821 SE 22 PLACE

City State

Zip Code

OCALA

FL

34471

Outstanding Balance Beginning This Period

13600.00

Transaction ID : SD10.4290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DAVID C KOLLER

Nature of Debt (Purpose):

Towards Consultation

Mailing Address 3821 SE 22 PLACE

City State

Zip Code

OCALA

FL

34471

Outstanding Balance Beginning This Period

5778.17

Transaction ID : SD10.4310

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5778.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

19378.17

2) **TOTALS** This Period (last page this line number only)

19378.17

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

12280.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

31658.17